



School Initial Fees 2025-2026		<u>Grade</u>	<u>Annual Tuition</u>
Registration:	\$ 100.00	K5 - 3rd	\$7,597.00
Student Accident Insurance:	\$ 20.00	4th - 8th	\$6,970.00
Computer Lab:	\$ 80.00	9th	\$6,908.00
PE(K-9th):	\$ 50.00	10th-12th	\$6,958.00
Testing:	\$ 50.00		
Uniforms:	\$ 100.00		
Curriculum:	<u>\$ 300.00</u>		
	\$ 700.00		

Details

- Registration fees are non-refundable.
- Curriculum fees are due by July 1st.
- Tuition is paid in advance. Monthly payments are due by the 5th of each month.
- Payments received after this date are subject to a late charge of \$10.00, which will be added to the account balance. Accounts more than two months past due will result in withdrawal of student and assignment of new student from waiting list to class.
- In the event of withdrawal/expulsion, a one-month tuition payment penalty is due.
- Kindergarten & 7th grade - Current Immunization.
- School Enrollment Contract Signed
- Volunteer/Chaperone Form

Team Sports

- Uniform fee must be paid **prior** to participation in the sport.
- Updated Sports Physical turned in **prior** to participation in the sport.
- Any remaining expenses must be covered through fund-raising / payments.

Payment Methods

- Cash
- Check
- Visa , Mastercard, Discover

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1827 NE 14TH STREET OCALA FLORIDA 34470
352-351-1913

Preschool Initial Fees 2025-2026		Tuition	
Registration:	\$ 75.00	<u>Class</u>	<u>Rate</u>
Student Insurance:	\$ 10.00	Infants	\$260.00
Curriculum:	*\$ 75.00	Toddler A (1yr-2yr)	\$230.00
*(Toddler B & Preschool 3 only)		Toddler B (2yr-3yr)	\$225.00
Late Charges		Preschool (3yr-4yr)	\$220.00
• \$5.00 for every minute		VPK (must be 4 by Sept 1st)	FREE
○ Past 6:00 pm		Wrap-Around (VPK)	\$100.00
○ Past 12:00 pm *VPK		Wrap-Around (K5-12th grade)	\$ 75.00
		Summer, Christmas, Spring Break	\$120.00

Details
<p>The following items <u>MUST</u> accompany enrollment forms:</p> <ul style="list-style-type: none"> • All fees included first week's payment • Birth Certificate and Social Security Card • Physical Examination (within the last year) • Current Immunization Record • Enrollment Form/Packet & School Enrollment Contract Signed • Child Care Food Program Forms • A Copy of the Parent's Driver's License • Volunteer/Chaperone Form

Hours
<ul style="list-style-type: none"> • Daycare: Monday - Friday, 6:30 am - 6:00 pm • VPK: Monday - Friday, 8:15 am - 11:45 am

Payment Methods
<ul style="list-style-type: none"> • Cash • Check • Visa , Mastercard, Discover

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APPLICATION 2025-2026 ____/____/202__

Please complete the application for enrollment into First Assembly Christian School (FACS) entirely for it to be accepted.

Student Information

1) First, Middle, Last	DOB	Social Security # - -	Sex circle one MALE/ FEMALE
Ethnicity: African American / Caucasian / Hispanic / Asian American Indian or Native Alaskan / Native Hawaiian or Pacific Islander		Other Ethnicity	
Last School Attended with Address & Phone Number		Grade being enrolled in	
2) First, Middle, Last	DOB	Social Security # - -	Sex circle one MALE/ FEMALE
Ethnicity: African American / Caucasian / Hispanic / Asian American Indian or Native Alaskan / Native Hawaiian or Pacific Islander		Other Ethnicity:	
Last School Attended with Address & Phone Number		Grade being enrolled in	
3) First, Middle, Last	DOB	Social Security # - -	Sex circle one MALE/ FEMALE
Ethnicity: African American / Caucasian / Hispanic / Asian American Indian or Native Alaskan / Native Hawaiian or Pacific Islander		Other Ethnicity:	
Last School Attended with Address & Phone Number		Grade being enrolled in	
4) First, Middle, Last	DOB	Social Security # - -	Sex circle one MALE/ FEMALE
Ethnicity: African American / Caucasian / Hispanic / Asian American Indian or Native Alaskan / Native Hawaiian or Pacific Islander		Other Ethnicity:	
Last School Attended with Address & Phone Number		Grade being enrolled in	

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Family Information

Father's Full Name	Cell Phone #	Work Phone #	Email (required)
Address City, State, Zip		Employer & Address	
Mother's Full Name	Cell Phone #	Work Phone #	Email (required)
Address City, State, Zip		Employer & Address	

Circle who has Custody of child(en): **both parents** **mother** **father** **other**

Please describe the terms of the custodial arrangement: if the court has issued custody, **you must provide a copy to the school.**

Emergency Contacts allowed to pick-up (other than parents)

Contact 1: LEGAL NAME	Phone #	Full Street Address
Contact 2: LEGAL NAME	Phone #	Full Street Address
Contact 3: LEGAL NAME	Phone #	Full Street Address
Contact 4: LEGAL NAME	Phone #	Full Street Address
Contact 5: LEGAL NAME	Phone #	Full Street Address
Contact 6: LEGAL NAME	Phone #	Full Street Address
Contact 7: LEGAL NAME	Phone #	Full Street Address
Contact 8: LEGAL NAME	Phone #	Full Street Address

Parent's Spiritual Information

Current Church Attending	City/State	Has the parent professed to have a personal relationship with Jesus Christ? YES NO
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Does the parent attend regularly ?	YES	NO
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Student's Spiritual Information

Current Church Attending	City/State	Has the student professed to have a personal relationship with Jesus Christ? YES NO
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Does the child(en) attend regularly ?	YES	NO
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Health Information

Complete health information on the Florida HRS form 680 must be received as part of the application. A recent physical is also required for all kindergarten and all new students in the state of Florida. If you are a Florida resident, an original form from your doctor or a photo copy from school records is acceptable. If you are applying from another state, the school's registrar will advise you as to the required procedure.

Note: ALL information is strictly confidential and will be shared with only those directly concerned.

Physician Name	Physician Phone #	Physician Address
Dentist Name	Dentist Phone #	Dentist Address

Does your child have any specific physical handicaps or medical problems? YES NO	If yes, please explain:
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Does your child take any prescribed medications for chronic medical conditions? YES NO	If yes, please explain:
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Please list all allergies your student(s) may have
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Please list all medications your student(s) may be taking

Do you suspect a learning disability in your child(ren)? YES NO	If yes, please explain.
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Has your child(ren) been diagnosed with special needs? YES NO	If yes, please explain.
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Has your child(ren) ever been recommended for, referred to, or received behavioral or psychological counseling? YES NO	If yes, please explain.
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Has your child(ren) ever been arrested or charged with a civil infraction or crime other than a traffic violation? YES NO	If yes, please explain.
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Has your child(ren) ever been suspended from, expelled from, or asked not to return to school for any reason? YES NO	If yes, please explain.
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Consent and Liability Release

In EMERGENCIES requiring immediate medical attention, your child will be taken to the nearest hospital emergency room. Your signature below authorizes the responsible person at First Assembly Christian School, a ministry of First Assembly of God, Inc., of Ocala, FL, (the "Ministry") to have your child transported to that hospital. It also authorizes Ministry personnel to contact the child's primary care or dental provider, in the event of an emergency. By signing this agreement, you acknowledge that the Ministry does not provide any health insurance covering said student during the activities referred to herein and you understand that it is your responsibility as parent or guardian to obtain health insurance covering said student. You also agree to accept the sole responsibility for the costs of medical care.

I HEREBY GIVE PERMISSION FOR THOSE RESPONSIBLE FOR MY CHILD AT THE MINISTRY TO AUTHORIZE MEDICAL TREATMENT FOR MY CHILD IN THE EVENT OF AN EMERGENCY, INCLUDING TO ADMINISTER EPINEPHRINE. I understand that, although certain volunteers and/or other workers have been familiarized with allergies, anaphylaxis, and epinephrine administration, these individuals are not medically trained personnel and do not have professional training or experience in meeting the needs of children with such allergies or to identify symptoms or signs that the student is in distress or may need emergency medical treatment.

In potential emergencies requiring immediate medical attention, I understand that my child will be taken to and treated at the nearest hospital emergency room. My signature below authorizes the responsible person at the Ministry to have my child transported to that hospital. It also authorizes the Ministry personnel to contact my child's allergy physician or primary care physician in the event of an emergency. I AGREE to pay all costs associated with my child's emergency care.

In consideration of my child being permitted to participate in the event(s) described above and other valuable consideration the receipt of which is acknowledged, I hereby AGREE TO RELEASE, DEFEND, INDEMNIFY, AND HOLD HARMLESS THE MINISTRY and its agents and employees from any and all past, present, future, known and unknown liabilities, actions, causes of action, claims, expenses, personal injuries, and damages INCLUDING THOSE CAUSED BY THE NEGLIGENCE OR FAULT OF THE MINISTRY, ITS LEADERS, EMPLOYEES, OR VOLUNTEERS, and including, without limitation, interest, penalties, court costs, attorney's fees, and expenses resulting from or on account of injury to my child, myself, or my property in connection with any medical care provided to my child. I FURTHER RELEASE any and all claims brought by or through me, including claims for loss of consortium and all similar claims based on relationships with other people. I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted in the State of Florida and that if any portion thereof is held invalid, it is agreed that the remainder shall, notwithstanding, continue in full legal force and effect. I also agree that any controversy or claim, by or through me, arising out of or relating to the care anticipated by this form shall be settled by binding Christian arbitration conducted by the National Center for Life and Liberty or another Christian arbitrator, and judgment on the award may be entered in any court having jurisdiction thereof. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not mere recitals.

I FURTHER STATE that I have carefully read the foregoing release and know the contents thereof, and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Hospital preference:			
Child's Name	Age	Child's Name	Age
Child's Name	Age	Child's Name	Age
Parent/Guardian's Printed Name		Date	
Insurance Company:		Policy #:	
Emergency Plan Instructions			

Extra medical instructions:

(1) Signs/symptoms to look for: _____

(2) If signs/symptoms appear, do this: _____

(3) To prevent incidents: _____

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Contractual Agreement / Attestation

I hereby make an application for my child(ren) to attend First Assembly Christian School (FACS). I affirm that I will prayerfully support the administration and faculty by upholding the policies and procedures of the school. If I am in disagreement, I will follow the scriptural principle of going first to the teacher and then to the administrator with the disagreement . Scholarships are available but may not cover all fees. I agree to make payments in accordance with the approved "Tuition and Fee Schedule" and to pay an additional one month's tuition in the event of withdrawal or expulsion from the school. I give my permission for my child(ren) to attend any school-sponsored field trips and activities away from the school. I give permission for my child(ren) to be photographed and the photographs to be used on bulletin boards, in the yearbook, in magazines and on the school website. I understand, if for any reason I am unable to carry out any part of this agreement, I may be asked to withdraw my child(ren) from the school and I will do so on request.

I hereby attest that the foregoing information about myself, my family, and my child(ren) is correct and may be fully relied upon by the school to determine whether my child(ren) may be accepted to First Assembly Christian School, a ministry of First Assembly of God, Inc., of Ocala, FL. I understand that my child will not be enrolled at First Assembly Christian School, a ministry of First Assembly of God, Inc., of Ocala, FL until I have been notified of his/her acceptance, and have completed the enrollment agreement and enrollment forms.

Your Signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

_____ Custodial Parent/ Guardian	____/____/202____ Date
_____ Administrator Signature	____/____/202____ Date

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ENROLLMENT CONTRACT AGREEMENT 2025-2026

****SCHOOL PERSONNEL WILL FILL OUT FEES****

Schedule of School Fees & Tuition

Registration Fee \$100.00 (1 per student)	K-12TH \$	<i>Non-refundable; Due upon submission of applications for enrollment</i>
Student Insurance Fee \$20.00 (1 per student)	K-12TH \$	<i>Non-refundable; Due upon submission of applications for enrollment</i>
Computer Lab Fee \$80.00 (1 per student)	K-12TH \$	<i>Non-refundable; Due upon submission of applications for enrollment</i>
PE Fee \$50.00 (1 per student)	K-9th \$	<i>Non-refundable; Due upon submission of applications for enrollment</i>
Testing Fee \$50.00 (1 per student)	K-12TH \$	<i>Non-refundable; Due upon submission of applications for enrollment</i>
Uniform Fee \$100.00 (1 per student)	K-12TH \$	<i>Non-refundable; Due upon submission of applications for enrollment</i>
Curriculum Fee \$300.00 (1 per student)	K-12TH \$	<i>Due by July 1 prior to the beginning of the school year; \$25 late fee applies.</i>

Annual Tuition (K5 - 3th) \$7,597.00	(Total tuition amt) \$	(Monthly payment amt)	<i>Due on the 2nd of each month (for monthly pmnts)</i>
Annual Tuition (4th - 8th) \$6,970.00	(Total tuition amt) \$	(Monthly payment amt)	<i>Due on the 2nd of each month (for monthly pmnts)</i>
Annual Tuition (9th) \$6,908.00	(Total tuition amt) \$	(Monthly payment amt)	<i>Due on the 2nd of each month (for monthly pmnts)</i>
Annual Tuition (10th - 12th) \$6,958.00	(Total tuition amt) \$	(Monthly payment amt)	<i>Due on the 2nd of each month (for monthly pmnts)</i>

Scholarship

FTC (Florida Tax Credit Scholarship)	FES-EO (Family Empowerment Scholarship- Educational Options)	FES-UA (Family Empowerment Scholarship- Unique Abilities)
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I have read and agree to be bound by the following financial conditions in consideration of the acceptance of this enrollment agreement with First Assembly Christian School, a ministry of First Assembly of God, Inc., of Ocala, FL:

1. I agree to be responsible for the financial obligations attendant to student's enrollment at First Assembly Christian School, a ministry of First Assembly of God, Inc., of Ocala, FL, including tuition and fees, (less any financial aid or early enrollment incentive) subject to the remaining provisions in this section.
2. The monetary amounts listed in the "fees" section above are non-refundable.
3. Transcripts and records will not be released to parents or schools until all outstanding balances have been paid in full.
4. Tuition payments made in accordance with the monthly payment plan are due on the 2nd of each month (August-May). A \$10.00 fee will be assessed to late payments on each student's account that are not paid by the 5th of each month.
5. If a student's account is 30 days overdue, the student's parents or guardians will be required to meet with Janet Loberger (business manager) to discuss the ability to make up the late payment(s).
6. If a student's account is 60 days overdue, the student will be suspended from further attendance at First Assembly Christian School, a ministry of First Assembly of God, Inc., of Ocala, FL until his or her account is brought current.
7. Returned checks will be assessed a \$25.00 penalty which will be added to the student's account balance.
8. Tuition will continue to accrue throughout the student's suspension as long as the student is still enrolled.
9. Upon withdrawal or expulsion of a student, tuition must be paid through the end of the same month of the student's last day. If student withdraws or is expelled on or after the 20th of the month, parents will also owe a flat fee of \$100.00 in addition to the tuition for the remainder of the month, The amount of any previously applied tuition discounts will be reinstated to the total of student's account upon the early withdrawal or expulsion of student. This policy provides First Assembly Christian School, a ministry of First Assembly of God, Inc., of Ocala, FL with time to try to fill the vacancy in enrollment. Payment will be prorated based on a 10-month payment plan, beginning with the month of August.

Example: If John's parents withdraw him or he is expelled on January 4, they will owe tuition for John through January 31. If tuition is \$5,000 per year, John's parents will owe tuition for 6 months (August-January), at \$500 per month (\$5,000 a year, divided by 10 months), for a total of \$3,000. If John's last day is January 24, John's parents will owe tuition through the end of January plus whatever additional fee the school has set.

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Parental Support Statement

I have read and agree with the following statement:

First Assembly Christian School, a ministry of First Assembly of God, Inc., of Ocala, FL's staff desires a harmonious relationship with parents. If parents have a question about a School Policy or an event that involves Student, they are to notify Student's teacher or administration, where appropriate. An effort will be made to resolve any differences and maintain excellent communication between parents and First Assembly Christian School, a ministry of First Assembly of God, Inc., of Ocala, FL staff.

Handbook Acknowledgement

I have read and agree to be bound by the following statement:

I have received a copy of the Student Handbook and a copy of the Ministry's Statement of Faith. I understand that it is my responsibility to read and understand these documents and to explain them to my child(ren). I agree to abide by the provisions in the Student Handbook applicable to parents and that my child(ren) and I will be held accountable for the policies and procedures contained therein, including the Parental Support Statement, binding arbitration, and the Code of Conduct, all of which are based on the Statement of Faith. I agree that if, at any other time during or away from school, my child(ren) violates any provisions of the Code of Conduct or any other provisions of the Student Handbook, he or she will be subject to the discipline described in the Student Handbook, up to and including suspension or expulsion from First Assembly Christian School, a ministry of First Assembly of God, Inc., of Ocala, FL. However, I also understand that enrollment in the school is a privilege and not a right and that my child(ren)s enrollment may be terminated at any time if, in the sole discretion of the administration, my or my child(ren)s actions or attitudes are disruptive to or not compatible with First Assembly Christian School, a ministry of First Assembly of God, Inc., of Ocala, FL objectives, policies, philosophies, or otherwise. I understand that I am responsible for making all tuition payments and that my child(ren)s school records and transcripts may be withheld until such payments are complete.

Binding Arbitration Provision

I have read and agree to be bound by the following statement:

I agree that I will never make demands, threaten to sue, or actually litigate any matter whatsoever relating to or resulting from Student's enrollment at First Assembly Christian School, a ministry of First Assembly of God, Inc., of Ocala, FL. I understand that making demands, threatening to sue, or actually litigating a matter against First Assembly Christian School, a ministry of First Assembly of God, Inc., of Ocala, FL violates biblical teaching and practice and shall constitute sufficient grounds for immediate suspension or expulsion of Student's enrollment. The parties agree to resolve all potential claims, disputes, or causes of action through binding arbitration using the procedures outlined in First Assembly Christian School, a ministry of First Assembly of God, Inc., of Ocala, FL's binding arbitration procedures. Binding arbitration shall be the sole remedy for any and all controversies or claims arising out of Student's enrollment relationship for this enrollment agreement. The parties expressly waive their right to file a lawsuit against one another in any civil court for such disputes, except to enforce a legally binding arbitration decision.

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Assumption of Risk and Liability Release

By signing below, I indicate that I have the understanding and capacity to make this agreement and that I am fully informed as to and understand the contents of this document.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED WITH ENROLLMENT OF STUDENT AT FIRST ASSEMBLY CHRISTIAN SCHOOL, A MINISTRY OF FIRST ASSEMBLY OF GOD, INC., OF OCALA, FL. I DO HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS FIRST ASSEMBLY CHRISTIAN SCHOOL, A MINISTRY OF FIRST ASSEMBLY OF GOD, INC., OF OCALA, FL and its agents and employees, and their heirs and assigns, from any and all past, present, and future known and unknown liabilities, actions causes of actions, claims, expenses, and damages, **INCLUDING THOSE CAUSED BY THE NEGLIGENCE OR FAULT OF FIRST ASSEMBLY CHRISTIAN SCHOOL, A MINISTRY OF FIRST ASSEMBLY OF GOD, INC., OF OCALA, FL'S LEADERS, EMPLOYEES, OR VOLUNTEERS**, and including without limitation, interest, penalties, court costs, attorney's fees, and expenses on account of injury to myself, my child(ren), or my property which I now have or which may arise in the future connection with Student's enrollment at First Assembly Christian School, a ministry of First Assembly of God, Inc., of Ocala, FL which is not the result of gross negligence, intentional neglect, or willful or wanton conduct by First Assembly Christian School, a ministry of First Assembly of God, Inc., of Ocala, FL. or its agents, representatives, or employees.

I FURTHER RELEASE any and all claims brought by or through me, including claims for loss of consortium and all similar claims based on relationships with other people.

I EXPRESSLY AGREE that this release, waiver, and indemnity agreement of the **Enrollment Contract Agreement** and **Assumption of Risk and Liability Release** is intended to be as broad and inclusive as permitted in the State of Florida and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I ALSO AGREE that any controversy or claim, by or through the party signing this release, arising out of or relating to the activities anticipated by this form shall be settled by binding Christian arbitration conducted by the National Center for Life and Liberty or another Christian Arbitrator, and judgment on the award may be entered in any court having jurisdiction thereof. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I FURTHER STATE that I have carefully read the foregoing information and know the contents thereof, and I sign this document as my own free act. This is a legally binding agreement which I have read and understand.

Statement of Understanding and Agreement

We, the undersigned, enroll the below names into First Assembly Christian School, a ministry of First Assembly of God, Inc., of Ocala, FL for the 2025-2026 school year beginning in August 2025. In consideration of First Assembly Christian School, a ministry of First Assembly of God, Inc., of Ocala, FL's acceptance of this agreement and enrollment of student(s), we the undersigned agree jointly and severally to the following terms and conditions set forth in the remainder of this document. I am also signing that I was given a copy of this contract.

Student name _____	Grade to enter _____
Student name _____	Grade to enter _____
Student name _____	Grade to enter _____
Student name _____	Grade to enter _____
Student name _____	Grade to enter _____
Student name _____	Grade to enter _____

_____	_____	_____
Date	Printed Name of Custodial Parent/Guardian	Signature of Custodial Parent/Guardian

_____	_____
Date	School Administrator Signature

For office use:

Copy of Enrollment Contract Agreement given _____ (staff initials)

Date agreement rec'd _____/202__ Date Enrollment Fees paid _____/202__

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